

MAR 15 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Boone
Township Perche
City Boone (No. 1)

Registration District No. 75
Primary Registration District No. 3794

File No. 5016
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Woodlandville, Mo. St. Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pauline Little</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-24-1885</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>4</u>	DAYS <u>17</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Ed Little14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Sarah Kincaid16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Mrs. Pauline Little
(ADDRESS) Woodlandville, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia Cemetery 1-13 3719. UNDERTAKER Parker Sudmire
(ADDRESS) Columbia, Mo.20. FILED 3-10 1937 Mo. St. Health

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11 193722. I HEREBY CERTIFY, That I attended deceased from 1-3 1937, to 1-11 1937I last saw him alive on 1-11 1937 Death is saidto have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 1-3-37Other contributory causes of importance: Paralysis Agitans 1930Name of operation None Date of _____What test confirmed diagnosis? Steth. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19____Where did injury occur? No

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. P. Deane, M. D.(Address) Columbia, Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

